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Bib Data Sheet

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/970,840 | FILING DATE<br>10/05/2001<br><br>RULE | CLASS<br>493 | GROUP ART UNIT<br>3721 | ATTORNEY<br>DOCKET NO.<br>10013506 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

SA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

SA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/30/2001

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>10 | TOTAL<br>CLAIMS<br>17 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: SA  |                           |                         |                       |                            |

## ADDRESS

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## TITLE

Sheet folding apparatus with rounded fold blade

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>740 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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